

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Susan B. Anthony List Inc.	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L Street NW Ste 750	
(c) City, State and ZIP Code Washington DC 20036	3. FEC Identification Number C90011313
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☒ 24-Hour Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM

09 08 2010

THROUGH

09 08 2010

6. TOTAL CONTRIBUTIONS

82,579.09

7. TOTAL INDEPENDENT EXPENDITURES

82,579.09

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Emily Buchanan

Emily Buchanan

9/9/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Susan B. Anthony List Inc.

A. Full Name (Last, First, Middle Initial)

Susan B. Anthony List General Treasury

Mailing Address

1707 L Street NW Ste 750

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing federal political committee.

C

Date of Receipt

09 08 2010

Amount of Each Receipt this Period

82579.09

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional).....▶

82579.09

TOTAL This Period (last page carry total to Line 6).....▶

82579.09

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE OF
 FOR LINE 7 OF FORM 6

NAME OF FILER (In Full)

Susan B. Anthony List Inc.

Full Name (Last, First, Middle Initial) of Payee

Crossroads Media LLC

Date

09 08 2010

Mailing Address

66 Canal Center Plaza

Amount

37,780.59

City

Alexandria

State

VA

Zip Code

22314

Purpose of Expenditure

Ad Placement

Category/
Type

Office Sought:

House

State: NH

☒ Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Kelly Ayotte

Check One:

☒ Support☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary☐ General☐ Other (specify)

2010

Full Name (Last, First, Middle Initial) of Payee

Bright Media

Date

09 08 2010

Mailing Address

2109 Huidekoper Pl NW

Amount

2,750.00

City

Washington

State

DC

Zip Code

20007

Purpose of Expenditure

Ad production

Category/
Type

Office Sought:

House

State: NH

☒ Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Kelly Ayotte

Check One:

☒ Support☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary☐ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Design4, Inc

Date

09 08 2010

Mailing Address

106 North Collins St

Amount

1,711.00

City

Plant City

State

FL

Zip Code

33563

Purpose of Expenditure

Ad production

Category/
Type

Office Sought:

House

State: NH

☒ Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Kelly Ayotte

Check One:

☒ Support☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

42,241.59

(b) SUBTOTAL of Unitemized Independent Expenditures

0

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

82,579.09

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE ____ OF ____
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Susan B. Anthony List Inc

Full Name (Last, First, Middle Initial) of Payee

emotive LLC

Date

09 08 2010

Mailing Address

2800 Shirlington Rd Ste 901

Amount

337.50

City

Arlington

State

VA

Zip Code

22206

Purpose of Expenditure

website

Category/
Type

Office Sought:

☐ House

State: NH

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kelly Ayotte

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Google Inc

Date

09 08 2010

Mailing Address

1600 Amphitheatre Parkway

Amount

40,000.00

City

Mountain View

State

CA

Zip Code

94043

Purpose of Expenditure

Ad placement

Category/
Type

Office Sought:

☐ House

State: NH

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Kelly Ayotte

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

40,337.50

(b) SUBTOTAL of Unitemized Independent Expenditures.....

0

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

82,579.09

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED